



Attn: Hearing Screening Personnel

Instructions for

"Referral for Diagnostic Audiological Evaluation"

AFTER THE FIRST (INPATIENT) SCREEN:

- ♥ The hospital screener completes the front page of the "Referral for Diagnostic Audiological Evaluation" as soon as the baby fails a hearing screening. (*while the parents are still present*)
 - **The parent's signature is obtained as soon as the infant does not pass the first screen.**
 - Hospital retains copies. (Hospitals may prefer to give parents the green copy of the signed form at this time)

AFTER THE RE-SCREEN:

- ♥ If baby fails the re-screen, form is distributed, by hospital personnel, as follows-
 - **YELLOW** copy is mailed/faxed to the baby's physician within 10 days concurrent with a phone call requesting authorization/referral for Diagnostic/Audiological Evaluation.
 - **WHITE** copy is mailed/faxed within 10 days to the Audiologist to whom the baby was referred for testing.
 - **GOLD** copy is mailed/faxed within 10 days to the Idaho Sound Beginnings/Early Hearing Detection & Intervention (EHDI) Project. (Fax # 208-334-0952)
 - **PINK** copy is retained by the hospital.
 - **GREEN** copy is given to parents (if not given to parents after first screen)

WHEN THERE IS NO RE-SCREEN:

- ♥ If baby does not return for re-screen within one month of initial screening date, **YELLOW, GOLD, and PINK** copies of form should be distributed as above (see: 'AFTER THE RE-SCREEN'). **GREEN** (parent's) copy should also be distributed, if it was not given to the parent after the first screen.

▶ WHAT HAPPENS AFTER THE NEWBORN HEARING SCREENING: ◀

The Audiologist completes the "Results" portion on the back page when the Diagnostic Evaluation is completed; the Audiologist then mails or faxes the completed form and results to the Idaho Sound Beginnings/EHDI Project and to the baby's physician.

Idaho Sound Beginnings/EHDI Project uses their *gold* copy of the referral form to track high-risk infants, infants who don't return to the hospital for a re-screen, and to facilitate Diagnostic Evaluations and appropriate Early Intervention, when necessary. **Therefore, it is essential that the information on both sides of the form is accurate and complete.**

If you have any questions regarding how to use the form, please contact the Idaho Sound Beginnings/EHDI Project offices at (800) 334-0829 or Fax #208-334-0952.

Please note: In order for the forms to be legible, please press down hard with pen.